SERFF Tracking Number:	*AEGB-126375082*	*State:*	*Arkansas*
Filing Company:	*Transamerica Life Insurance Company*	*State Tracking Number:*	*44058*
Company Tracking Number:	*LA 103 1009 AR*		
TOI:	*L08 Life - Other*	*Sub-TOI:*	*L08.000 Life - Other*
Product Name:	*LA 103 1009 AR*		
Project Name/Number:	*LA 103 1009 AR/LA 103 1009 AR*		

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: LA 103 1009 AR	SERFF Tr Num: AEGB-126375082	State: Arkansas
TOI: L08 Life - Other	SERFF Status: Closed-Approved-Closed	State Tr Num: 44058
Sub-TOI: L08.000 Life - Other	Co Tr Num: LA 103 1009 AR	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Linda Bird
	Author: Theresa Meyers	Disposition Date: 11/18/2009
	Date Submitted: 11/12/2009	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: LA 103 1009 AR	Status of Filing in Domicile: Pending
Project Number: LA 103 1009 AR	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 11/18/2009	Explanation for Other Group Market Type:
	State Status Changed: 11/18/2009
Deemer Date:	Created By: Theresa Meyers
Submitted By: Theresa Meyers	Corresponding Filing Tracking Number: 30822740

Filing Description:

Re: TRANSAMERICA LIFE INSURANCE COMPANY NAIC # 468-86231, FEIN# 39-0989781
LA 103 1009 AR – APPLICATION FOR INDIVIDUAL LIFE INSURANCE, BOND CONTINUATION PROGRAM

Dear Sir/Madam:

Please find attached a copy of the above referenced form. This is a new form and is not intended to replace any form previously approved by your Department. This form has been submitted in final printed form in which they will be distributed to Insureds. This form is subject to only minor modifications in paper size and stock, ink, border, Company

logo, Company address, adaptation to computer printing, and Officers' signatures.

Application for Life Insurance – This is an individual life insurance application that will be used with policy form TL10 0108 AR, which was approved by your Department on 03-10-2008.

We also plan to make this form available electronically. It is our intent to use this form in a variety of electronic environments, including a web based application process and a voice stamp signature application process conducted over the telephone. Regardless of the application process used, we intend to adopt measures to secure both the integrity of the document once signed, and the confidentiality of any information transmitted. The information contained in the application, including the electronic signature of the Owner/Applicant, will be transmitted to our administrative office electronically. Current technology will be used to ensure that the confidential information is not compromised. All processes used will comply with the Uniform Electronic Transactions Act, and to the extent applicable, the Federal ESIGN Act.

We hereby certify that any electronic signature we obtain will be linked to the data on the electronic application. We also certify that such electronic signature intended for use with this application will not be affixed to or duplicated on any other document. We further certify that a recording of the application and voice stamp signature process will be maintained in accordance with our normal record retention procedures. This recording will be stored securely and be available for recall and review upon request.
A copy of the application, identical to the filed form, will be printed and made part of any policy issued.

Should you have any questions or need any additional information, please do not hesitate to contact me. Thank you.

Sincerely,

Theresa Meyers
Policy Analyst
Contract Development
(319) 355-7520
Fax: (319) 355-2501
thmeyers@aegonusa.com

Company and Contact

Filing Contact Information

Theresa Meyers, Policy Analyst thmeyers@aegonusa.com

SERFF Tracking Number:	*AEGB-126375082*	*State:*	*Arkansas*
Filing Company:	*Transamerica Life Insurance Company*	*State Tracking Number:*	*44058*
Company Tracking Number:	*LA 103 1009 AR*		
TOI:	*L08 Life - Other*	*Sub-TOI:*	*L08.000 Life - Other*
Product Name:	*LA 103 1009 AR*		
Project Name/Number:	*LA 103 1009 AR/LA 103 1009 AR*		

4333 Edgewood Rd. NE
MS 2225
Cedar Rapids, IA 52499

319-355-7520 [Phone]
319-355-2501 [FAX]

Filing Company Information

Transamerica Life Insurance Company	CoCode: 86231	State of Domicile: Iowa
4333 Edgewood Road, NE	Group Code: 468	Company Type:
Cedar Rapids, IA 52499	Group Name:	State ID Number:
(319) 355-7888 ext. [Phone]	FEIN Number: 39-0989781	

Filing Fees

Fee Required?	Yes
Fee Amount:	$20.00
Retaliatory?	No
Fee Explanation:	Other forms $20.00 X 1 form = $20.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	$20.00	11/12/2009	31989067

SERFF Tracking Number:	*AEGB-126375082*	*State:*	*Arkansas*
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/18/2009	11/18/2009

SERFF Tracking Number:	*AEGB-126375082*	*State:*	*Arkansas*
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Project Name/Number:	*LA 103 1009 AR/LA 103 1009 AR*		

Disposition

Disposition Date: 11/18/2009
Implementation Date:
Status: Approved-Closed
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*AEGB-126375082*	*State:*	*Arkansas*
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TOI:	*L08 Life - Other*	*Sub-TOI:*	*L08.000 Life - Other*
Product Name:	*LA 103 1009 AR*		
Project Name/Number:	*LA 103 1009 AR/LA 103 1009 AR*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Statement of Variability		Yes
Form	Application for Individual Life Insurance, Bond Continuation Program		Yes

SERFF Tracking Number:	*AEGB-126375082*	*State:*	*Arkansas*
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Project Name/Number:	*LA 103 1009 AR/LA 103 1009 AR*		

Form Schedule

Lead Form Number: LA 103 1009 AR

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LA 103 1009 AR	Application/ Enrollment Form	Application for Individual Life Insurance, Bond Continuation Program	Initial		52.800	LA 103 1009 AR.pdf

TRANSAMERICA
LIFE INSURANCE COMPANY
[4333 Edgewood Road NE, Cedar Rapids, IA 52499]

APPLICATION FOR INDIVIDUAL LIFE INSURANCE
BOND CONTINUATION PROGRAM

■ PROPOSED INSURED

Name (First, Middle and Last)

Address (cannot be a P.O. Box)

City, State | Zip Code

Social Security # | Driver's License #

Home Phone # ( ) | Work Phone # ( )

Birthdate	Age	Place of Birth	Height	Weight	Sex: ☐ M ☐ F

Are you a U.S. Citizen? Yes ☐ No ☐ If no, give immigration status or visa type:

■ BENEFICIARY

■ EMPLOYER

Occupation_____

Employment Date_____

■ PLAN INFORMATION

Plan Name:_____ Monthly Premium Amount $_____

Proposed Policy Date: _____ Mode of Payment: Payroll

1. Does the applicant have any existing life insurance or annuity contracts with the company or any other company? .... ☐ Yes ☐ No
2. Is this insurance intended to replace or change any life insurance or annuity contract in force with the company or any other company? (If yes, submit the state required forms.) ..... ☐ Yes ☐ No
3. Would you accept a rated policy? ..... ☐ Yes ☐ No
4. Has the proposed Insured EVER tested positive or been diagnosed by a member of the medical profession for Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS)? ..... ☐ Yes ☐ No
5. To the best of your knowledge and belief, have you within the last five years been diagnosed, treated or been given medical advice by a member of the medical profession for:
   a. Stroke, heart attack or had or been advised to have any procedure performed to improve circulation? ..... ☐ Yes ☐ No
   b. Irregular heart rhythm, congestive heart failure, memory problems, liver disease or disorder, kidney failure or insufficiency, uncontrolled diabetes or blood sugars, emphysema, lung disease or disorder requiring oxygen, cystic fibrosis, alcoholism, or drug abuse? ..... ☐ Yes ☐ No
   c. Internal cancer, leukemia or melanoma? ..... ☐ Yes ☐ No
6. Within the past five years have you:
   a. Been hospitalized for a mental or nervous disease or disorder or been confined to a nursing home? ..... ☐ Yes ☐ No
   b. Had two or more DUI's, been charged with or convicted of a felony or been on probation? ..... ☐ Yes ☐ No
   c. Pled guilty or been convicted of any felony or do you have such charges pending against you? ..... ☐ Yes ☐ No
7. Please provide details to questions 4-6 in the section below.

Question #	Date, Diagnosis, Treatment, Results, and Duration	Name, Address & Phone # of Attending Doctor and Hospital

Okay to contact at work? ☐ Yes ☐ No If no, where should we contact you?_____

Phone number to call?_____ Best time to call _____ ☐ AM ☐ PM

TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING CERTIFICATION

Under penalties of perjury, each of the undersigned hereby certifies (1) that the Social Security or Taxpayer Identification Number set forth on this application is correct and (2) that I am currently not subject to backup withholding. (Cross out (2) if not correct.) The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

ACKNOWLEDGMENT OF APPLICANT AND PROPOSED INSURED

Each of the undersigned hereby certifies and represents as follows:

The statements and answers given on this application are true and complete to the best of my knowledge and belief. I acknowledge and agree (A) that this application and any amendments shall be the basis for any insurance issued and no information about me will be considered to have been given to the company unless stated in the application; (B) that the agent does not have the authority to waive any question on this application, to decide if insurance will be issued, or to modify any term or provision of any insurance which may be issued based on this application, only a writing signed by an officer of the Company can change the terms of this application or the terms of any insurance issued by the Company; (C) no policy applied for shall take effect until all of the following conditions have been met: 1) the first full premium must be received by the Company; 2) during the lifetime of any proposed Insured, the proposed owner must have personally received and accepted the policy which was applied for and all answers on this application must be true and correct on the date such policy is received and accepted; and 3) on the date of the later of either 1) or 2) above, all of the statements and answers given in this application must be true and complete, and there must have been no change in the insurability of any proposed Insured. Unless otherwise stated the undersigned applicant is the premium payor and owner of the policy applied for.

The Company shall have sixty days from the date hereof within which to consider and act on this application and if within such period a policy has not been received by the applicant or if notice of approval or rejection has not been given then this application shall be deemed to have been declined by the Company.

I authorize MIB Group, Inc., my employer or former employer, any consumer reporting agency or governmental agency, or any insurer or reinsurer to provide medical or non-medical information about me to Transamerica Life Insurance Company, its representatives or its reinsurers. I understand that this information is to be used by the Company to determine eligibility for insurance and/or eligibility for benefits under an existing policy. This authorization will expire 30 months from the date signed. A copy of this authorization shall be as valid as the original. Either my authorized representative or I may receive a copy of this authorization upon request.

I acknowledge receipt of the (1) Notice to Persons Applying for Insurance Regarding Investigative Report, (2) Notice of Disclosure of Information, and (3) Notice of Insurance Information Practices.

I understand that any omissions or misstatements in this application could cause an otherwise valid claim to be denied under any insurance issued from this application.

FRAUD WARNING: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Dated at _____ (City) _____ (State) this _____ day of _____ (Month) , _____ (Year)

_____
Signature of proposed Insured

AGENT REPORT (*For Agent's Use Only)*

Did you ask all questions on the application in the presence of the proposed Insured, record answers as given, and witness all signatures? Yes ☐ No ☐ If No, provide details. _____

_____

Do you have any knowledge or reason to believe that the insurance applied for will replace or change any existing insurance or annuity? Yes ☐ No ☐ If "yes", furnish name of Company and Policy Number. _____

_____ Agent # _____ % Split _____
Signature of Agent

Agent Split: Name: _____ Agent # _____ % Split _____

Name: _____ Agent # _____ % Split _____

(Detach and leave with applicant)

NOTICE TO PERSONS APPLYING FOR INSURANCE
REGARDING INVESTIGATIVE REPORT

To proposed Insureds: In connection with this application, an investigative consumer report may be prepared about you. Such reports are part of the process of evaluating risks for life and health insurance. Typically, this report will contain information about your character, general reputation, personal characteristics and mode of living. The information in the report may be obtained by talking with you or members of your family, business associates, financial sources, neighbors, and others you know. You may ask to be interviewed in connection with the preparation of any such report. Also, we may have the report updated if you apply for more coverage.

Upon your written request, we will let you know whether a report was prepared and we will give you the name, address, and telephone number of the agency preparing the report. By contacting that agency and providing proper identification, you may obtain a copy of the report.

NOTICE OF DISCLOSURE OF INFORMATION

MIB GROUP, INC. (MIB) PRE-NOTIFICATION to proposed Insured and other persons proposed to be insured, if any. Information regarding your insurability will be treated as confidential. We or our reinsurer(s) may, however, make a brief report on this information to MIB Group, Inc., a non-profit membership organization of life insurance companies that operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB may, upon request, supply such company with the information in its file.

Upon receipt of a request from you, the MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is: 50 Braintree Hill, Suite 400, Braintree, Massachusetts 02184-8734; and telephone number is 866-692-6901 (TTY 866-346-3642 for hearing impaired).

NOTICE OF INSURANCE INFORMATION PRACTICES

To proposed Insureds: Personal information may be collected from persons other than the individual(s) proposed for coverage. Such information as well as other personal or privileged information subsequently collected by us or our agent may in certain circumstances be disclosed to third parties without authorization. Upon request, you have the right to access your personal information and ask for corrections. You may obtain a complete description of our Information Practices by writing to Transamerica Life Insurance Company, Attn: Director of Underwriting, [4333 Edgewood Road NE, Cedar Rapids, Iowa 52499].

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Project Name/Number:	*LA 103 1009 AR/LA 103 1009 AR*		

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification
Comments:
Attachments:
AR - Rule and Regulation 19.pdf
AR - Cert of Regulation 49.pdf
Flesch Score.pdf
AR - Cert of Compliance 23-79-138.pdf

Item Status: **Status Date:**

Bypassed - Item: Application
Bypass Reason: N/A
Comments:

Item Status: **Status Date:**

Satisfied - Item: Statement of Variability
Comments:
Attachment:
Statement of Variability.pdf

TRANSAMERICA LIFE INSURANCE COMPANY

RULE AND REGULATION 19
STATE OF ARKANSAS

Form Number: LA 103 1009 AR

Date: November 12, 2009

I hereby certify that the accompanying life product is in compliance with Rule and Regulation 19.

Cheryl Bock, Director, Product Implementation

TRANSAMERICA LIFE INSURANCE COMPANY

CERTIFICATION OF REGULATION 49
STATE OF ARKANSAS

Form Number: LA 103 1009 AR

Date: November 12, 2009

This is submitted in Compliance with Regulation 49 of the Arkansas Insurance Code.

I hereby certify that the accompanying life product is in compliance with Regulation 49 in that a Life and Health Guaranty Association notice will be given to each policy owner at the time of issue.

Cheryl Bock, Director, Product Implementation

TRANSAMERICA LIFE INSURANCE COMPANY
FLESCH READABILITY CERTIFICATION

Form Number (may vary by state)	**Flesch Score**
LA 103 1009	52.8

I certify that the machine scored Flesch Readability score for the above mentioned form is accurate.

Cheryl Bock

Cheryl Bock, Assistant Vice President of Contract Development

TRANSAMERICA LIFE INSURANCE COMPANY

CERTIFICATION OF
ARKANSAS INSURANCE CODE
23-79-138

Policy Number: LA 103 1009 AR

Date: November 12, 2009

I hereby certify that the accompanying life product is in compliance with Arkansas Insurance Code 23-79-138.

Cheryl Bock

Cheryl Bock, Director, Product Implementation

TRANSAMERICA LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY
LA 103 1009 – Application for Life Insurance

The variable items in this application form are bracketed. No change in variability will be made which in any way expands the scope of the wording. Transamerica Life Insurance Company reserves the right to correct at any time any and all typographical errors that do not impact benefits or intent of language.

1) **Mailing Address:** This may change to another location in the future.